

Report Year:

2010

12285

Children's Hospital - San Diego

San Diego

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**Provide the Hospital Owner and Year of Report per Section 130061(e)**

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Facility Number:

12285

Facility Name:

Children's Hospital - San Diego

Address:

3020 Childrens Way

City:

San Diego

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Hospital Owner/Licensee:

Rady Children's Hospital and Health Center

Year of Reporting:

2010

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Tim Jacoby

Submission Date:

1/12/2011 1:14:15 PM

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section [130061\(c\)\(1\)\(A\)](#). The deadline, as described in [Section 130060](#) or [130061.5](#), for retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per [Section 130061\(c\)\(1\)\(B\)](#)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01A	"A" Wing, Original Hospital	3020 Childrens Way	Retrofit	SPC2	01/01/2013	02/28/2011

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Report Status: **Data Last Update:** 01/12/2011

**Submission Date:** 01/12/2011

**Print Date:** 1/13/2011 8:38 AM

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 01A

Building Name: "A" Wing, Original Hospital

**Type of Service Provided**
☐ Nursing Inpatient Beds  Inpatient Days 
☐ IntensiveCare Inpatient Beds  Inpatient Days 
☐ Pediatric/Adolescent Inpatient Beds  Inpatient Days 
☐ Psychiatric Nursing Inpatient Beds  Inpatient Days 
☐ Obstetrical Ante/Postpartum Inpatient Beds  Inpatient Days 
☐ Intermediate Care Inpatient Beds  Inpatient Days 
☐ Skilled Nursing Inpatient Beds  Inpatient Days 
Total Beds this Building ☐ Surgical☐ Obstetrical Recovery☐ Anesthesia☐ Newborn/WellBaby☐ Clinical Lab☐ Emergency☐ Radiological/Imaging☐ Nuclear Medicine☐ Pharmaceutical☐ Dietetic☐ Rehabilitation Therapy☒ Administration☐ Renal Dialysis☐ Support Services☐ Outpatient Surgery☐ Obstetrical Cesarean/Deliv☐ Central Plant

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

01A

Building Name:

"A" Wing, Original Hospital

**Medical / Surgical (Include GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

0

**Total Beds this  
Building Per  
Service**

0

For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01A	"A" Wing, Original Hospital	<input type="checkbox"/>
01B	"B" Wing, Original Hospital	<input type="checkbox"/>
01C	"C" Wing - Original Hospital	<input type="checkbox"/>
01D	"D" Wing - Original Hospital	<input type="checkbox"/>
02	Medical Wing - Original Hospital	<input type="checkbox"/>
05	Dining Room - Original Hospital	<input type="checkbox"/>
06	Gait Lab	<input type="checkbox"/>
07	Warehouse/Shop	<input type="checkbox"/>
08	Old Gait Analysis Lab	<input type="checkbox"/>
09	2nd Dining Room - Original Hospital	<input type="checkbox"/>
10A	Intensive Care Unit	<input type="checkbox"/>
10B	Intensive Care Unit	<input type="checkbox"/>
10C	Trauma Room Addition	<input type="checkbox"/>
11A	Surgical Unit	<input type="checkbox"/>
11B	Co-Generation Plant	<input type="checkbox"/>
11C	Passageway to NICU	<input type="checkbox"/>
12	Clinical Lab	<input type="checkbox"/>
13	Medical Nursing Unit Expansion	<input type="checkbox"/>

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14

Radiology Addition

15A

Children's Way Pavilion (15A & 15B)

15B

Children's Way Pavilion - Clock Tower

15C

Children's Way Pavilion - Bridge

16

Enclosed Passageway to MOB



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Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

01A

Building Name:

"A" Wing, Original Hospital

### Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol  
escent☐Psychiatric  
Nursing☐Obstetrical  
Ante/Postprtum☐Intermediate  
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/  
Imaging☐

Pharmaceutical

☐

Dietetic

☒

Administration

☐Obstetrical  
Cesarean/Deliv☐Obstetrical  
Recovery☐Newborn/  
WellBaby☐

Emergency

☐Nuclear  
Medicine☐Rehabilitation  
Therapy☐

Renal Dialysis

☐Outpatient  
Surgery☐

Central Plant

☐Support  
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

01A

Building Name:

"A" Wing, Original Hospital

Configuration  
:

Remove from GAC service by 1/1/2030

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Psychiatric  
Nursing☐Radiological/  
Imaging☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Obstetrical  
Ante/Postpartum☐

Pharmaceutical

☐

Emergency

☐

Central Plant

☐Intermediate  
Care☐

Dietetic

☐

Nuclear Medicine

☐Support  
Services☐

Skilled Nursing

☒

Administration

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

01B

Building Name:

"B" Wing, Original Hospital

Configuration

:

Remove from GAC service by 1/1/2030

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☒Support  
Services☐Intermediate  
Care☐

Dietetic

☐

Administration

☐

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

01C

Building Name:

"C" Wing - Original Hospital

Configuration

:

Remove from GAC service by 1/1/2030

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☒Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☒Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postprtum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support  
Services☐Intermediate  
Care☐

Dietetic

☐☐

Administration

☐

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

01D

Building Name:

"D" Wing - Original Hospital

Configuration  
:

Remove from GAC service by 1/1/2030

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☒Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Pharmaceutical

☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postprtum☐

Dietetic

☐

Nuclear Medicine

☒Support  
Services☐Intermediate  
Care☐

Administration

☐

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

02

Building Name:

Medical Wing - Original Hospital

Configuration  
:

Remove from GAC service by 1/1/2030

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☒Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postprtum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support  
Services☐Intermediate  
Care☐

Dietetic

☐☐

Administration

☐

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

05

Building Name:

Dining Room - Original Hospital

Configuration

:

Remove from GAC service by 1/1/2030

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postprtum☐

Pharmaceutical

☐

Nuclear Medicine

☒Support  
Services☐Intermediate  
Care☐

Dietetic

☐

Administration

☐

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

06

Building Name:

Gait Lab

Configuration  
:

Remove from GAC service by 1/1/2030

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postprtum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support  
Services☐Intermediate  
Care☐

Dietetic

☐

Nuclear Medicine

☒Support  
Services☐

Skilled Nursing

☒

Administration

☐

Nuclear Medicine

☒Support  
Services



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Building Number:

07

Building Name:

Warehouse/Shop

Configuration  
:

Remove from GAC service by 1/1/2030

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postprtum☐

Pharmaceutical

☐

Nuclear Medicine

☒Support  
Services☐Intermediate  
Care☐

Dietetic

☐

Administration

☐

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

08

Building Name:

Old Gait Analysis Lab

Configuration

:

Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postprtum☐

Pharmaceutical

☐

Nuclear Medicine

☒Support  
Services☐Intermediate  
Care☐

Dietetic

☐

Skilled Nursing

☐

Administration

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

09

Building Name:

2nd Dining Room - Original Hospital

Configuration  
:

Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☒Support  
Services☐Intermediate  
Care☐

Dietetic

☐

Administration

☐

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

10A

Building Name:

Intensive Care Unit

Configuration

:

Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☒

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postprtum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support  
Services☐Intermediate  
Care☐

Dietetic

☐

Administration

☐☐

Skilled Nursing

☐

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

10B

Building Name:

Intensive Care Unit

Configuration

:

Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☒

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support  
Services☐Intermediate  
Care☐

Dietetic

☐

Nuclear Medicine

☐Support  
Services☐

Skilled Nursing

☐

Administration

☐

Nuclear Medicine

☐Support  
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

10C

Building Name:

Trauma Room Addition

Configuration

:

Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☒Support  
Services☐Intermediate  
Care☐

Dietetic

☐

Administration

☐

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

11A

Building Name:

Surgical Unit

Configuration

:

Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**☐

Nursing

☒

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support  
Services☐Intermediate  
Care☐

Dietetic

☐

Nuclear Medicine

☒Support  
Services☐

Skilled Nursing

☐

Administration

☐

Nuclear Medicine

☒Support  
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

11B

Building Name:

Co-Generation Plant

Configuration  
:

Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Emergency

☒

Central Plant

☐Obstetrical  
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support  
Services☐Intermediate  
Care☐

Dietetic

☐

Skilled Nursing

☐

Administration



Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

11C

Building Name:

Passageway to NICU

Configuration  
:

Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support  
Services☐Intermediate  
Care☐

Dietetic

☐

Nuclear Medicine

☒Support  
Services☐

Skilled Nursing

☐

Administration

☐

Nuclear Medicine

☒Support  
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

12

Building Name:

Clinical Lab

Configuration  
:

Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☒

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postprtum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support  
Services☐Intermediate  
Care☐

Dietetic

☐

Nuclear Medicine

☐Support  
Services☐

Skilled Nursing

☐

Administration

☐

Nuclear Medicine

☐Support  
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

13

Building Name:

Medical Nursing Unit Expansion

Configuration

:

Remove from GAC service by 1/1/2030

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☒Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Pharmaceutical

☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postpartum☐

Dietetic

☐

Nuclear Medicine

☐Support  
Services☐Intermediate  
Care☐

Administration

☐

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

14

Building Name:

Radiology Addition

Configuration

:

Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☒Radiological/  
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support  
Services☐Intermediate  
Care☐

Dietetic

☐

Nuclear Medicine

☐Support  
Services☐

Skilled Nursing

☐

Administration

☐

Nuclear Medicine

☐Support  
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

15A

Building Name:

Children's Way Pavilion (15A &amp; 15B)

Configuration  
:

Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☒

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☒Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support  
Services☐Intermediate  
Care☐

Dietetic

☐

Skilled Nursing

☐

Administration

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

15B

Building Name:

Childrens Way Pavilion - Clock Tower

Configuration

:

Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support  
Services☐Intermediate  
Care☐

Dietetic

☐☐

Administration

☐

Skilled Nursing

☒

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

15C

Building Name:

Children's Way Pavilion - Bridge

Configuration  
:

Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postprtum☐

Pharmaceutical

☐

Nuclear Medicine

☒Support  
Services☐Intermediate  
Care☐

Dietetic

☐

Administration

☐

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

16

Building Name:

Enclosed Passageway to MOB

Configuration

:

Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☒Support  
Services☐Intermediate  
Care☐

Dietetic

☐

Skilled Nursing

☐

Administration



Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 01B

Building Name: "B" Wing, Original Hospital

**Type of Service Provided**
☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol  
escent Inpatient Beds 0

☐ Psychiatric  
Nursing Inpatient Beds 0

☐ Obstetrical  
Ante/Postprtum Inpatient Beds 0

☐ Intermediate  
Care Inpatient Beds 0

☐ Skilled Nursing  
Inpatient Beds 0

 Total Beds this  
Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/  
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☐ Outpatient  
Surgery

☐ Central Plant

☒ Support  
Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 01C

Building Name: "C" Wing - Original Hospital

**Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input checked="" type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia		
<input checked="" type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="34"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Administration		
Total Beds this Building		<input type="text" value="34"/>			

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 01D

Building Name: "D" Wing - Original Hospital

**Type of Service Provided**
☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☒ Pediatric/Adol  
escent Inpatient Beds 9

☐ Psychiatric  
Nursing Inpatient Beds 0

☐ Obstetrical  
Ante/Postprtum Inpatient Beds 0

☐ Intermediate  
Care Inpatient Beds 0

☐ Skilled Nursing  
Inpatient Beds 0

 Total Beds this  
Building 9

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/  
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☐ Outpatient  
Surgery

☐ Central Plant

☒ Support  
Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 02

Building Name: Medical Wing - Original Hospital

**Type of Service Provided**
☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☒ Pediatric/Adol  
escent Inpatient Beds 29

☐ Psychiatric  
Nursing Inpatient Beds 0

☐ Obstetrical  
Ante/Postprtum Inpatient Beds 0

☐ Intermediate  
Care Inpatient Beds 0

☐ Skilled Nursing  
Inpatient Beds 0

 Total Beds this  
Building 29

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/  
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☐ Outpatient  
Surgery

☐ Central Plant

☐ Support  
Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 05

Building Name: Dining Room - Original Hospital

**Type of Service Provided**
☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol  
escent Inpatient Beds 0

☐ Psychiatric Inpatient  
Nursing Beds 0

☐ Obstetrical Inpatient  
Ante/Postprtum Beds 0

☐ Intermediate Inpatient  
Care Beds 0

☐ Skilled Nursing Inpatient  
Beds 0

Total Beds this Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/  
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☐ Outpatient  
Surgery

☐ Central Plant

☒ Support  
Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 06

Building Name: Gait Lab

**Type of Service Provided**
☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol  
escent Inpatient Beds 0

☐ Psychiatric Inpatient  
Nursing Beds 0

☐ Obstetrical Inpatient  
Ante/Postprtum Beds 0

☐ Intermediate Inpatient  
Care Beds 0

☐ Skilled Nursing Inpatient  
Beds 0

Total Beds this Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/  
Imaging

☐ Pharmaceutical

☐ Dietetic

☒ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☐ Outpatient  
Surgery

☐ Central Plant

☒ Support  
Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 07

Building Name: Warehouse/Shop

**Type of Service Provided**
☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol  
escent Inpatient Beds 0

☐ Psychiatric  
Nursing Inpatient Beds 0

☐ Obstetrical  
Ante/Postprtum Inpatient Beds 0

☐ Intermediate  
Care Inpatient Beds 0

☐ Skilled Nursing  
Inpatient Beds 0

 Total Beds this  
Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/  
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☐ Outpatient  
Surgery

☐ Central Plant

☒ Support  
Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 08

Building Name: Old Gait Analysis Lab

**Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia		
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Administration		
Total Beds this Building		<input type="text" value="0"/>			



Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 09

Building Name: 2nd Dining Room - Original Hospital

**Type of Service Provided**
☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol  
escent Inpatient Beds 0

☐ Psychiatric Inpatient  
Nursing Beds 0

☐ Obstetrical Inpatient  
Ante/Postprtum Beds 0

☐ Intermediate Inpatient  
Care Beds 0

☐ Skilled Nursing Inpatient  
Beds 0

Total Beds this Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/  
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☐ Outpatient  
Surgery

☐ Central Plant

☒ Support  
Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 10A

Building Name: Intensive Care Unit

**Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="16"/>	<input type="checkbox"/> Anesthesia		
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Administration		
Total Beds this Building		<input type="text" value="16"/>			

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 10B

Building Name: Intensive Care Unit

**Type of Service Provided**
☐ Nursing Inpatient Beds 0

☒ IntensiveCare Inpatient Beds 16

☐ Pediatric/Adol  
escent Inpatient Beds 0

☐ Psychiatric  
Nursing Inpatient Beds 0

☐ Obstetrical  
Ante/Postprtum Inpatient Beds 0

☐ Intermediate  
Care Inpatient Beds 0

☐ Skilled Nursing  
Inpatient Beds 0

 Total Beds this  
Building 16

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/  
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☐ Outpatient  
Surgery

☐ Central Plant

☐ Support  
Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 10C

Building Name: Trauma Room Addition

**Type of Service Provided**
☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol  
escent Inpatient Beds 0

☐ Psychiatric  
Nursing Inpatient Beds 0

☐ Obstetrical  
Ante/Postprtum Inpatient Beds 0

☐ Intermediate  
Care Inpatient Beds 0

☐ Skilled Nursing  
Inpatient Beds 0

 Total Beds this  
Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/  
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☐ Outpatient  
Surgery

☐ Central Plant

☒ Support  
Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 11A

Building Name: Surgical Unit

**Type of Service Provided**
☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol  
escent Inpatient Beds 0

☐ Psychiatric  
Nursing Inpatient Beds 0

☐ Obstetrical  
Ante/Postprtum Inpatient Beds 0

☐ Intermediate  
Care Inpatient Beds 0

☐ Skilled Nursing  
Inpatient Beds 0

 Total Beds this  
Building 0

☒ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/  
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☐ Outpatient  
Surgery

☐ Central Plant

☒ Support  
Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 11B

Building Name: Co-Generation Plant

**Type of Service Provided**
☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol  
escent Inpatient Beds 0

☐ Psychiatric  
Nursing Inpatient Beds 0

☐ Obstetrical  
Ante/Postprtum Inpatient Beds 0

☐ Intermediate  
Care Inpatient Beds 0

☐ Skilled Nursing  
Inpatient Beds 0

 Total Beds this  
Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/  
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☐ Outpatient  
Surgery

☒ Central Plant

☐ Support  
Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 11C

Building Name: Passageway to NICU

**Type of Service Provided**
☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol  
escent Inpatient Beds 0

☐ Psychiatric  
Nursing Inpatient Beds 0

☐ Obstetrical  
Ante/Postprtum Inpatient Beds 0

☐ Intermediate  
Care Inpatient Beds 0

☐ Skilled Nursing  
Inpatient Beds 0

 Total Beds this  
Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/  
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☐ Outpatient  
Surgery

☐ Central Plant

☒ Support  
Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

12

Building Name:

Clinical Lab

**Type of Service Provided**
☐ Nursing Inpatient Beds 
☐ IntensiveCare Inpatient Beds 
☐ Pediatric/Adol  
escent Inpatient Beds 
☐ Psychiatric Inpatient  
Nursing Beds 
☐ Obstetrical Inpatient  
Ante/Postprtum Beds 
☐ Intermediate Inpatient  
Care Beds 
☐ Skilled Nursing Inpatient  
Beds 

 Total Beds this Building 
☐ Surgical

☐ Anesthesia

☒ Clinical Lab

☐ Radiological/  
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☐ Outpatient  
Surgery

☐ Central Plant

☐ Support  
Services



Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 13

Building Name: Medical Nursing Unit Expansion

**Type of Service Provided**
☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☒ Pediatric/Adol  
escent Inpatient Beds 12

☐ Psychiatric  
Nursing Inpatient Beds 0

☐ Obstetrical  
Ante/Postprtum Inpatient Beds 0

☐ Intermediate  
Care Inpatient Beds 0

☐ Skilled Nursing  
Inpatient Beds 0

 Total Beds this  
Building 12

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/  
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☐ Outpatient  
Surgery

☐ Central Plant

☐ Support  
Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 14

Building Name: Radiology Addition

**Type of Service Provided**
☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol  
escent Inpatient Beds 0

☐ Psychiatric  
Nursing Inpatient Beds 0

☐ Obstetrical  
Ante/Postprtum Inpatient Beds 0

☐ Intermediate  
Care Inpatient Beds 0

☐ Skilled Nursing  
Inpatient Beds 0

 Total Beds this  
Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☒ Radiological/  
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☐ Outpatient  
Surgery

☐ Central Plant

☐ Support  
Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 15A

Building Name: Children's Way Pavilion (15A &amp; 15B)

**Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="54"/>	<input type="checkbox"/> Anesthesia		
<input checked="" type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="60"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Administration		
Total Beds this Building		<input type="text" value="114"/>			

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 15B

Building Name: Childrens Way Pavilion - Clock Towe

**Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia		
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Administration		
Total Beds this Building		<input type="text" value="0"/>			

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 15C

Building Name: Children's Way Pavilion - Bridge

**Type of Service Provided**
☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol  
escent Inpatient Beds 0

☐ Psychiatric  
Nursing Inpatient Beds 0

☐ Obstetrical  
Ante/Postprtum Inpatient Beds 0

☐ Intermediate  
Care Inpatient Beds 0

☐ Skilled Nursing  
Inpatient Beds 0

 Total Beds this  
Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/  
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☐ Outpatient  
Surgery

☐ Central Plant

☒ Support  
Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 16

Building Name: Enclosed Passageway to MOB

**Type of Service Provided**
☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol  
escent Inpatient Beds 0

☐ Psychiatric  
Nursing Inpatient Beds 0

☐ Obstetrical  
Ante/Postprtum Inpatient Beds 0

☐ Intermediate  
Care Inpatient Beds 0

☐ Skilled Nursing  
Inpatient Beds 0

 Total Beds this  
Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/  
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☐ Outpatient  
Surgery

☐ Central Plant

☒ Support  
Services

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

01B

Building Name:

"B" Wing, Original Hospital

**Medical / Surgical (Include GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

0

**Total Beds this  
Building Per  
Service**

0

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

01C

Building Name:

"C" Wing - Original Hospital

**Medical / Surgical (Include GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

34

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

34

**Total Beds this  
Building Per  
Service**

0



Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

01D

Building Name:

"D" Wing - Original Hospital

**Medical / Surgical (Include GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

9

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

9

**Total Beds this  
Building Per  
Service**

0

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

02

Building Name:

Medical Wing - Original Hospital

**Medical / Surgical (Include GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

29

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

29

**Total Beds this  
Building Per  
Service**

0

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

05

Building Name:

Dining Room - Original Hospital

**Medical / Surgical (Include GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

0

**Total Beds this  
Building Per  
Service**

0

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

06

Building Name:

Gait Lab

**Medical / Surgical (Include GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

0

**Total Beds this  
Building Per  
Service**

0

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

07

Building Name:

Warehouse/Shop

**Medical / Surgical (Include GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

0

**Total Beds this  
Building Per  
Service**

0

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

08

Building Name:

Old Gait Analysis Lab

**Medical / Surgical (Include GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

0

**Total Beds this  
Building Per  
Service**

0

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

09

Building Name:

2nd Dining Room - Original Hospital

**Medical / Surgical (Include GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

0

**Total Beds this  
Building Per  
Service**

0

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

10A

Building Name:

Intensive Care Unit

**Medical / Surgical (Include GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

16

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

16

**Total Beds this  
Building Per  
Service**

0



Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

10B

Building Name:

Intensive Care Unit

**Medical / Surgical (Include GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

16

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

16

**Total Beds this  
Building Per  
Service**

0

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

10C

Building Name:

Trauma Room Addition

**Medical / Surgical (Include GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

0

**Total Beds this  
Building Per  
Service**

0

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

11A

Building Name:

Surgical Unit

**Medical / Surgical (Include GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

0

**Total Beds this  
Building Per  
Service**

0

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

11B

Building Name:

Co-Generation Plant

**Medical / Surgical (Include GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

0

**Total Beds this  
Building Per  
Service**

0

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

11C

Building Name:

Passageway to NICU

**Medical / Surgical (Include GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

0

**Total Beds this  
Building Per  
Service**

0

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

12

Building Name:

Clinical Lab

**Medical / Surgical (Include GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

0

**Total Beds this  
Building Per  
Service**

0

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

13

Building Name:

Medical Nursing Unit Expansion

**Medical / Surgical (Include GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

12

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

12

**Total Beds this  
Building Per  
Service**

0

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

14

Building Name:

Radiology Addition

**Medical / Surgical (Include GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

0

**Total Beds this  
Building Per  
Service**

0



Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

15A

Building Name:

Children's Way Pavilion (15A &amp; 15B)

**Medical / Surgical (Include GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

60

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

54

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

114

**Total Beds this  
Building Per  
Service**

114

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

15B

Building Name:

Childrens Way Pavilion - Clock Towe

**Medical / Surgical (Include GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

0

**Total Beds this  
Building Per  
Service**

0

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

15C

Building Name:

Children's Way Pavilion - Bridge

**Medical / Surgical (Include GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

0

**Total Beds this  
Building Per  
Service**

0

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

16

Building Name:

Enclosed Passageway to MOB

**Medical / Surgical (Include GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

0

**Total Beds this  
Building Per  
Service**

0